

**Indiana State Assembly Fall Workshop
November 8 & 9, 2014
St. Francis Hospital
Indianapolis, IN**

PLEASE PRINT

Name: _____ CST CST/CSFA Other _____

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City: _____ State: _____ Zip: _____

Date: _____ AST Member Number: _____ Certification Number: _____

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Credit Card

AST Member \$125 _____ Name on Card _____

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Amount Enclosed \$ _____ Address of Card _____

Please Note: To secure a plate where lunch is provided, registrations must be postmarked before October 17. Professional business attire is required.

Check our website (<http://in.ast.org>) for updates on speakers and presentations.

Please include payment with registration (please make check or money order payable to Indiana State Assembly of AST).

Please note: registration is non-refundable and there is a \$25 fee for returned checks.

Return this registration and payment to:

Indiana State Assembly of AST

P.O. Box 421673

Indianapolis, IN 46242